

# Kentucky Department for Medicaid Services

## Instructions for Completing the MAP 100501 Form – February 2013 Edition

### Introduction:

The MAP 100501 form should be completed when requesting a change in scope of services. A change in scope of services (CIS), as defined in 907 KAR 1:055, occurs when a provider experiences a significant change in business practice. As a result of the change, a provider may request a rate increase or decrease. The Department also reserves the right to notify providers when a reduction in scope of services is noted for which the provider is still being reimbursed through the PPS rate.

In order to request a change in scope of services, the provider should submit a narrative detailing the change along with a completed MAP 100501 form.

An interim CIS rate can be requested by submitting the MAP 100501 form with projected costs associated with the change in scope. The final CIS rate shall be based on actual costs for the first full fiscal year (12 months) following the change in scope effective date.

### General Information:

Please fill in the general information at the top of the form including the following:

- Name of Provider
- Medicaid Provider Number
- Reason for Change in Scope
- Effective Date of Change in Scope

Additionally, please indicate if you are requesting an interim CIS rate or a final CIS rate by completing the rate notice box.

### Change in Scope Information:

Please complete ONLY the “For Provider Use” section of the MAP 100501 form.

When completing lines 1 and 2, please remember that costs should be grouped as either direct or indirect based on the classification on schedule A of the adjusted base year cost report used to set the final rate. If a cost was classified in lines 1 through 17 on schedule A, the cost should be classified as INDIRECT on the MAP 100501. If a cost was classified in lines 18a through 25 on schedule A, the cost should be classified as DIRECT on the MAP 100501.

Line 1 – Please input the amount of actual direct (non-administrative) cost associated with the CIS.

Line 2 – Please input the amount of actual indirect cost associated with the CIS. **Please note that the administrative cost used in the calculation of the revised PPS rate shall be limited to the lesser of actual cost associated with the change in scope or calculated administrative costs.**

Line 3 – Please input the amount of Medicaid (Title XIX) visits (as defined by 907 KAR 1:055) associated with the CIS.

Line 4 – Please input the amount of total visits (as defined by 907 KAR 1:055) associated with the CIS.

### Additional Documentation Required:

The completed MAP 100501 form should be submitted, along with the following supporting documentation:

- A narrative describing the change in services since the base year
- Documentation to support direct and indirect costs reported on the MAP 100501
- Documentation to support Title XIX and total visits related to the change in scope
- A completed Universal Cost Report for the same time period as the MAP 100501 containing costs for the entire clinic (final change in scope rates only)
- A copy of the Universal Cost Report used to set the base PPS rate for the facility